CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF MISSISSIPPI

							CASE NO.	17-02698			
Dobtor	Sandra Williams		CC#	xxx-xx-8315	Madia	n Income	□ Abovo	□ Polou			
Debtor Sandra Williams Joint Debtor			\$\$# SS#	***************************************	iviedia	in Income	☐ Above	✓ Below			
	S 324 Stillwod Drive	e Jackson MS 3									
7 laar o	0210111110022111	o cacheon, me c				=					
THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.											
The pla	ENT AND LENGTH (n period shall be for than 60 months for a	a period of 60			n 36 months fo	or below m	edian incom	e debtor(s),			
(A)	Debtor shall pay \$_1 Trustee. Unless oth at the following add	nerwise ordered Iress: _Jackson Card	by the Court, a	n Order directi							
	Attention: Payroll Department										
		971 Lakeland	Drive								
		Suite 850	20216								
		Jackson, MS	39216								
	otherwise ordered by address:		Order directing	g payment snai	ii be issued to i	Jedioi 3 ei	npioyer at ii	e tollowing			
	TY CREDITORS.		alalia fall an aa		Oarust aa fallar						
	aims that are not dis Il Revenue Service:	allowed to be pa \$	aid in full or as 0.00		0.00	NS:	/month				
	sippi Dept. of Reven	т	0.00		0.00		/month				
Other/		\$	0.00	~	0.00		/month				
DOMES	STIC SUPPORT OB	LIGATION DUE	TO:	-NONE			- 				
POST	PETITION OBLIGA	TION: In the am	nount of \$ per r								
To be			ough payroll de	_	_	the plan.					
PRE-P To be	ETITION ARREARA paid Di		amount of \$ the hrough payroll		e paid the amo	unt of \$ pe n the plan.	r month beg	inning			
below. subject MTG F	MORTGAGES. All of Absent an objection to the start date for MTS TO: Citi Final	by a party in into the continuing n ncial	erest, the plan nonthly mortga BEGINNIN	will be amende ge payment pro IG September	ed consistent woposed herein. 2017 @\$	with the pro 886.00	of of claim fi	led herein, DIRECT			
MTG A	RREARS TO: Citi I	Financial	THROUGI	August 201	17 \$	9,500.00 (*Includi	@\$ 15	68.33 /MO* ot %)			

MORTGAGE CLAIMS T Creditor: -NO			N TERM: ox. amt. due:			Int. Rat	۵.
Property Address:	·· ·		elated taxes a	nd/or insura	ance escrow		No No
NON-MORTGAGE SECTION 11 U.S.C. 1325(a)(5)(B)(creditors shall be paid as the claim not paid as section 11 U.S.C. 1325(a)(5)(B)(creditors shall be paid as section 12 U.S.C. 1325(a)(5)(B)(creditors shall be paid as section 13 U.S.C. 1325(a)(5)(B)(creditors shall be paid as section 14 U.S.C. 1325(a)(creditors shall be paid as section 14 U.S.C.	i)(I) until the payment of secured claimants the	f the debt sum set of a genera	determined a out below or p al unsecured (as under no oursuant to claim.	n-bankruptcy	y law or disclof the Court.	narge. Such The portion of PAY VALUE OR
CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWE		VALUE	INT. RATE	AMT. OWED
Magnolia Fcu	2002 Ford Explorer 220,000 miles	Yes	2,685.0	00	1,500.00	5.00%	Pay Amt. Owed
*The column for "910 CL paragraph" of 11 U.S.C.	M" applies to both moto	r vehicles	and "any oth	er thing of	value" as us	ed in the "ha	nging
SPECIAL CLAIMANTS in Debtor, etc. For all aband for payment, creditor must	doned collateral Debtor	will pay \$	0.00 on the s	ecured port			
	•				^ ^ ^ ^ \ ^ \ ^ \ / \ / \ \ / \ \ \ / \ \ \ / \ \ \ \ \ \ \ \ \ \	_	PROPOSED
CREDITOR'S NAME -NONE-	COLLATERAL			APPROX.	AMT. OWE	J	TREATMENT
shall be paid nothing, a	APPROX. AMT. of the payments to be properties to talling approximent as follows: If the determine the percent absent order of the Control of the Contro	OWED paid throus eximately N FULL (age distri	CONTRA igh the plan, in \$3,802.00 100%) or0	. Such clai _% (perce	ut not limited ms must be t nt) MINIMUN	to, adequate timely filed a M, or a total c	nd not listribution of
Total Attorney Fees Cha Attorney Fees Previousl Attorney fees to be paid	y Paid \$ 0.00	0.00					
The payment of administ rules.	rative costs and aforem	entioned	attorney fees	are to be p	oaid pursuan	t to Court ord	ler and/or local
Automobile Insurance C	Tylve	Attorney for Debtor (Name/Address/Phone # / Email) Tylvester Goss 4920 1441 Lakeover Road					
				son, MS 392			
Telephone/Fax			 Teler	ohone/Fax	601-981-280	00	
			Facis	smile No. ail Address	601-981-797		
DATE: August 1, 2017	DEBTOR'S JOINT DEE ATTORNE	STOR'S	SIGNATURE	/s/ Sandra			